

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
National Center for Environmental Health/
Agency for Toxic Substances and Disease Registry**



**Health Department Subcommittee Conference Call
January 12, 2006**

Record of the Proceedings

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**HEALTH DEPARTMENT SUBCOMMITTEE
*January 12, 2006***

Minutes of the Conference Call

The Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR) convened a conference call of the Health Department Subcommittee (HDS) of the Board of Scientific Counselors (BSC). The proceedings were held on January 12, 2006.

Opening Session

Dr. Gayle Windham, the HDS Chair, opened the conference call at 1:06 P.M. EST and welcomed the participants to the proceedings. Persons who participated on the conference call are listed below.

HDS Members

Dr. Gayle Windham, Chair
Dr. Timothy Aldrich
Mr. Robert Duff
Mr. Scott Holmes
Dr. Nancy Kim
Dr. Ronald Laessig
Mr. Richard Matheny
Dr. Ngozi Oleru

Designated Federal Official

Dr. Sharunda Buchanan

NCEH/ATSDR Representatives

Dr. Elizabeth Howze
Ms. Shirley Little
Ms. Sandra Malcom

Members of the Public

Ms. Mary Hano (ASTHO)
Dr. Megan Latshaw (ASTHO)
Ms. Amanda Raziano (ASTHO)
Ms. Heather Tash (ASTHO)

Summary of HDS's Report to the BSC

Dr. Windham highlighted key points and outcomes of HDS's report to the BSC during the November 2005 meeting. One, the BSC unanimously approved the reestablishment of HDS from a workgroup to a formal subcommittee. Dr. Sharunda Buchanan now serves as the HDS Designated Federal Official (DFO). Two, HDS identified five priority issues to address and agreed to initially focus on the environmental health (EH) workforce. The BSC recommended that HDS continue to focus on this topic for the next six months. Three, the BSC advised HDS to assign liaisons to other subcommittees for specific tasks to strengthen interactions with these groups.

Four, HDS's report to the BSC urged CDC to aggressively seek resources to fully implement the Environmental Health Services Branch ten-year plan. However, CDC informed HDS that governmental agencies are prohibited from soliciting funds for a particular division or branch and can take no action on this recommendation. As a result, HDS will make efforts to present more specific measures and recommendations to the BSC in the future. Five, HDS will place presentations from Dr. Steven Thacker, Director of the Office of Workforce and Career Development (OWCD), and Dr. Ed Thompson, CDC's Chief of Public Health Practice, on future agendas.

Six, the BSC advised HDS to serve on the planning committee for CDC's environmental public health (EPH) conference that will be held on December 4-6, 2006 to ensure the presenters and sessions reflect the interests of health departments. The conference will focus on advancing EPH through leadership, science and practice. Seven, HDS informed the BSC of its interest in holding a face-to-face meeting in 2006. HDS will attempt to convene the meeting in conjunction with the EPH conference in December 2006.

Drs. Aldrich and Oleru volunteered to serve on the planning committee for the EPH conference in response to the BSC's recommendation for HDS to participate in this activity. Dr. Elizabeth Howze of NCEH/ATSDR will assist HDS as needed in proposing workforce development sessions for the EPH conference. HDS asked Drs. Aldrich and Oleru to convey the following suggestions to the planning committee.

- Focus the conference on specific EPH issues that are of most relevance and importance to health departments, such as building capacity and strengthening partnerships. Do not design the event as a broad educational conference with no cohesiveness or specific focus.

- Provide the planning committee with HDS's list of five priority issues to ensure these topics are addressed in plenary or breakout sessions of the EPH conference.
- Ensure that local health departments are well represented at the EPH conference as presenters, panel members and attendees.

HDS's EH Workforce Recommendations

Dr. Windham reiterated that the BSC advised HDS to continue to address the EH workforce for six additional months. HDS will then shift its focus to the second topic on its list of five priority issues. HDS must now begin to formulate recommendations on the EH workforce to present to the BSC during the May 2006 meeting and bring closure to this issue.

Discussion regarding HDS's suggestions to CDC to retain, strengthen and improve the EH workforce is outlined below.

- Most states already conduct some basic training in capacity building, but more advanced training would be useful after that. Replicate the CDC/ University of South Carolina model in this effort in which a ten-day training session was held to build expertise among state and local health department researchers and practitioners throughout the country. Or CDC provide means for state and local staff to attend existing summer courses, or design course for them.
- Incorporate evidence-based practice models and research-based guidelines into health department training to improve capacity of state and local agencies in communicating environmental risks to the public and engaging affected communities.
- Include "institutional racism" or cultural competence as a specific and individual topic in EH workforce training. Consult with the People's Institute in Louisiana to assist in providing effective training in this area.
- Provide health departments with solid approaches to reach and educate physicians and other segments of the community. Apply findings from sound intervention research and non-EH practice models that have demonstrated track records in physicians changing behaviors or communities taking action.
- Design advanced training sessions for EH personnel to strengthen database skills.

- A primary need of HDS is a recommended core curriculum too achieve key competencies in EH from the many possibilities available. Therefore it would be useful if CDC could provide the means to review existing courses, validating their usefulness or not, and developing recommendations. Extract components from different sources as the foundation of this tool, such as NCEH/ATSDR's inventory of training and capacity-building activities; CDC's national strategy book of basic competencies for EH practitioners that was published in May 2001; and CDC's Corporate University book on different types of training courses for specific disciplines. Partner with the National Association of County of City Health Officials (NACCHO) in designing, piloting, testing, implementing and evaluating the training session for a few health departments prior to national distribution. Incorporate the standardized training session into CDC's new learning management system to allow other groups and individuals to take the course in the future. Encourage CDC to endorse the training and include a statement confirming that EH personnel who complete and pass the respective courses can be assured of competency in a particular EH area.

HDS's discussion resulted in general agreement for CDC to establish a model curriculum or guidelines for the EH workforce to achieve competency in non-technical areas. However, agreement was also reached for HDS to table its efforts to formulate specific recommendations on the EH workforce until the next conference call. At that time, an OWCD representative is expected to be placed on the agenda to inform HDS about CDC's existing EH training activities and competencies.

Public Comment Period

Dr. Megan Latshaw, of the Association of State and Territorial Health Officials (ASTHO), reported that the EH workforce is a key concern of state public health departments and is also a highly anticipated need in these agencies. ASTHO is extremely pleased that HDS is addressing this issue because training is the most effective mechanism to retain and increase the competency of the EH workforce.

ASTHO acknowledges the difficulty in attracting candidates to certain workforces and is now beginning to enumerate existing personnel in these fields. ASTHO is interested in using EH personnel as a pilot group in this project to identify challenges in enumerating workforces of particular disciplines. Dr. Latshaw confirmed that along with NACCHO, ASTHO is also willing to assist CDC in compiling different types of training activities into

one source. She informed HDS that a summary of solid EH training projects can be accessed on the ASTHO web site.

CDC Guidance to HDS

Dr. Windham announced that in addition to the BSC, CDC also identified several areas for HDS to address in the future. Dr. Thomas Sinks, the BSC DFO, communicated with Dr. Windham by e-mail and suggested that HDS evaluate and provide guidance to CDC on NCEH/ATSDR preparedness planning activities; the expansion of ATSDR's mandate beyond site-specific activities; the impact of the NCEH/ATSDR consolidation on health departments; and the improved efficiency and effectiveness of the allocation of extramural funding, including to states.

HDS made several preliminary suggestions on actions to take to begin addressing CDC's request for guidance. For extramural funding to states, HDS can review and provide comments to NCEH/ATSDR on the program announcement for health department cooperative agreements. For ATSDR's expanded mandate, HDS can recommend that CDC's EPH tracking activities be linked to ATSDR's petitioned public health assessments. For preparedness planning activities, HDS can propose strategies to strengthen NCEH/ATSDR's environmental investigations following an incident, such as appropriate locations to take biological and environmental samples and solid methodologies to interpret these data.

Dr. Windham confirmed that on future conference calls, HDS's preliminary suggestions will be revisited, discussed in more detail and expanded as specific recommendations to present to the BSC.

HDS Business

The action items raised during the conference call are outlined below.

- Dr. Buchanan will provide HDS with a list of the six goals under CDC's goals management process that have been assigned to NCEH/ATSDR.
- Dr. Windham will inform Mr. Jerry Hershovitz that Drs. Aldrich and Oleru will represent HDS on the planning committee for the EPH conference.
- Dr. Buchanan will follow up on the action item raised during the November 2005 BSC meeting for an inventory of NCEH/ATSDR's training and capacity-building activities to be provided to HDS.

- Dr. Howze will provide HDS with information on the CDC/University of South Carolina training session for state and local health department researchers and practitioners.
- Dr. Buchanan will facilitate communications with OWCD to make a presentation during the next HDS conference call and provide information to HDS on CDC's Corporate University and CDC-wide training activities that are relevant to EH.
- Dr. Howze will provide HDS with a list of EH training activities that are now being conducted by groups other than CDC. She will also contact various members of CDC's Excellence in Learning Council to obtain information on CDC-wide training activities for the workforce.

Closing Session

The next two HDS conference calls will be held in late February/early March 2006 and late April 2006. NCEH/ATSDR will poll the members by e-mail to determine availability and identify an exact date for the next conference call.

With no further discussion or business brought before the HDS, Dr. Windham closed the conference call at 2:27 P.M. EST.

I hereby certify that to the best of my knowledge, the foregoing Minutes of the proceedings are accurate and complete.

Date

Gayle C. Windham, Ph.D.
Health Department Subcommittee Chair